

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CR-R?::	None
Title::	MEDICINAL COMBINATION USEFUL FOR IN VIVO EXOGENIC TRANSFECTION AND EXPRESSION
Attorney Docket No.::	EX95001-US-A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	4
Small Entity::	No

Applicant Information

Applicant Authority Type::	First Named Inventor
Primary Citizenship Country::	France
Status::	Full Capacity
Given Name ::	Michel
Family Name ::	PERRICAUDET
Street of Mailing Address::	31 rue de Chartres
City of Mailing Address::	Ecrosnes
Country of Mailing Address::	France
Postal or Zip Code ::	28320
Applicant Authority Type::	Second Named Inventor
Primary Citizenship Country::	France
Status::	Full Capacity

Given Name :: Lucienne
Family Name :: CHATENOU
Street of Mailing Address:: 160 Avenue de Versailles
City of Mailing Address:: Paris
Country of Mailing Address:: France
Postal or Zip Code :: 75016

Applicant Authority Type:: Third Named Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name :: Hedi
Family Name :: HADDADA
Street of Mailing Address:: 18 Avenue de Bellevue
City of Mailing Address:: Bg la Reive
Country of Mailing Address:: France
Postal or Zip Code :: 92340

Applicant Authority Type:: Fourth Named Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name :: Jean-Francois
Family Name :: BACH
Street of Mailing Address:: 180 rue de Grenelle
City of Mailing Address:: Paris
Country of Mailing Address:: France
Postal or Zip Code :: 75007

Applicant Authority Type:: Fifth Named Inventor
Primary Citizenship Country:: United Kingdom

Status:: Full Capacity
 Given Name :: Michelle
 Family Name :: WEBB
 Street of Mailing Address:: 125 Broomwood Road
 City of Mailing Address:: London
 Country of Mailing Address:: England
 Postal or Zip Code :: SW11 6JU

Correspondence Information

Correspondence Customer Number :: 29693
 Phone Number:: (202) 719-7000
 Facsimile Number :: (202) 719-7049
 E-Mail Address :: Dkulik@wrf.com or Fchapman@wrf.com

Representative Information

Representative Customer Number :: 29693

Priority Information

Application ::	Priority Claim::	Parent Application::	Parent Filing Date::
This Application	Continuation	08/894,246	05/22/1998
	National Stage	PCT/FR96/00218	02/12/1996
	France	95/01662	02/14/1995